# 2019 ADVANCED DUI TRIAL ADVOCACY

September 9 - 12, 2019 Phoenix, Arizona



# **CURRENT LAB ISSUES**(Defense Ploys)

Presented by:

### **Beth Barnes**

TSRP, Assistant Phoenix City Prosecutor Phoenix City Prosecutor's Office

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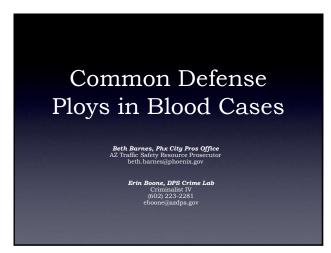
### **Erin Boone**

Forensic Scientist
Arizona Department of Public Safety Crime Laboratory

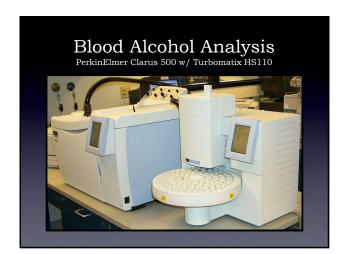
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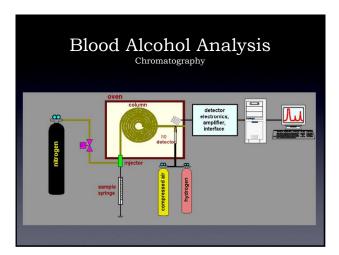
ARIZONA PROSECUTING ATTORNEYS' ADVISORY COUNCIL 1951 West Camelback Road, Suite 202 Phoenix, Arizona 85015

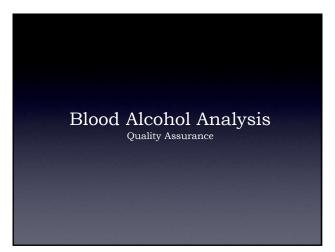
> ELIZABETH BURTON ORTIZ EXECUTIVE DIRECTOR

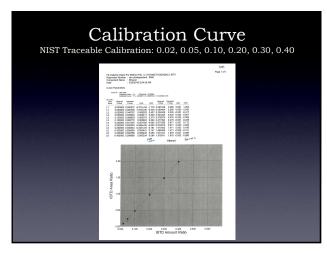


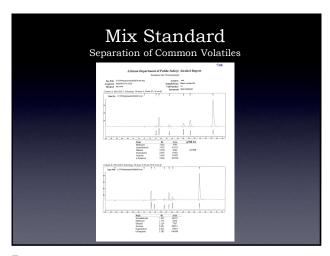
# Blood Alcohol Analysis Quick Review Headspace Gas Chromatography Measures alcohol content in the air above the blood Standard in the scientific community for blood alcohol analysis

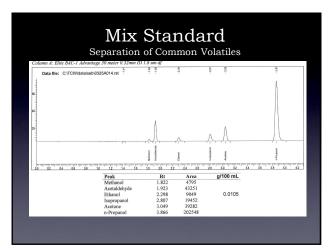


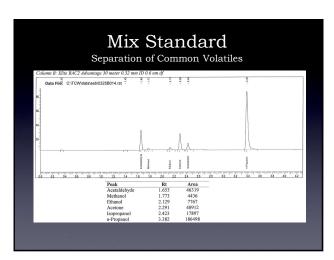


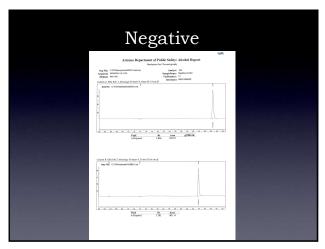


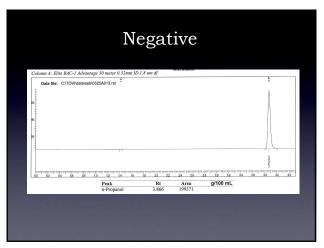


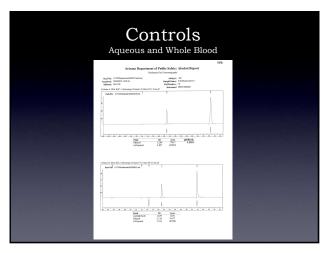


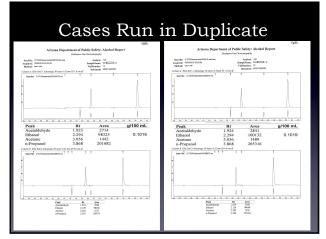












# Verification Standards Same as Calibration Standards Analyzed at the end of run Verifies pipettor and calibration stability

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# Blood Alcohol Ploys Tubes Analysis Swab contamination Micro Clots Expired Tubes Veast Contamination Not Refrigerated Not Refrigerated All Chromatograms Preservatives Not Present

### Lack of Foundation

Person objecting must indicate what is lacking

Packard v. Reidhead, 22 Ariz.App. 420 (1974)

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### **Swab Contamination**

Defense Claim

Unknown what type of swab was used to clean the skin prior to the blood draw

The "alcohol" swab raised the alcohol concentration inside the tube

Ca 4800-820 VICE ESTIT-466-9 Or, 144
Caliber \* Pavidone-Iodine
Caliber \* Iodine-Iodine-Iodine
Caliber \* Iodine-Iodi

17

### Swab Contamination

Admissibility

#### Response

Issues of whether solution containing alcohol was used to cleanse skin before a blood test go to weight, not admissibility of test

Kaufman v. State, 632 S.W.2d 685 (Tex. Ct. App. 1982) State v. Fox, 177 Neb. 238, 128 N.W.2d 576 (1964)

### Swab Contamination

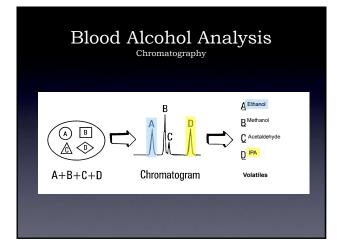
Arguments

Officer/Phlebotomist

Used swab that came with blood kit Documented the type of swab used

Criminalist or Defense Expert
Swab in kits don't contain Ethanol
If other alcohol, GC can distinguish
Even if pure ethanol – difficult to effect

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### Micro Clots

Defense Claim

Microscopic clots in defendant's blood sample make sample non-homogenous

Clots = Higher Aqueous Content

Artificially raises reported AC

Idea from centrifuged samples where cells are separated from serum/plasma

### Micro Clots

Arguments

### Officer/Phlebotomist

Inverted tube to mix at least recommended 8-10 times

Preservative & anti-coagulant were present

Criminalist or Defense Expert

No published studies to support theory

A clot big enough to cause a problem would not fit in pipetor tip

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### Micro Clots

Arguments

### Defense Expert

Has defense expert seen this or been concerned by possibility with own casework?

If so, did they voice concerns?

Adjust their own casework numbers?

23

### Expired Tube

Defense Claim

Expired grey top tubes were used to collect blood

Can't trust the test results



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### Expired Tube

Argument

If tubes are expired, only issue is vacuum loss

Successfully drawn blood = good vacuum

Preservative & anti-coagulant do not expire

Both are salts

25

### Yeast Contamination

Defense Claim

Candida albicans (yeast) in blood produces alcohol inside tube (or inside body)

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### Yeast Contamination

Argument

In theory, yeast can convert glucose into ethanol

But, requires a lack of sodium fluoride, added glucose, no refrigeration, and yeast in blood

Sodium Fluoride blocks ethanol production

Sepsis would result if Candida albicans were in blood – hospitalized/death

# Sample Not Refrigerated $_{\mbox{\scriptsize Defense Claim}}$

Lack of refrigeration allowed ethanol to increase in sample

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# Sample Not Refrigerated $_{\mbox{\tiny Argument}}$

### Officer/Phlebotomist

Tube was stored in refrigerator

#### Criminalist

Preservative prevents ethanol rise whether refrigerated or not

Ethanol concentration would most likely lower

29

### Preservatives Not Present

Defense Claim

Lab doesn't test for presence of preservative or anticoagulant in blood sample

Can't prove it was present in blood tube

Caused inaccurate results



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### Preservatives Not Present

Argument

#### Officer/Phlebotomist

Inspected tube prior to use

### Criminalist

Analyst inspects tube of blood and documents any unusual appearance

Manufacturer of tube adds mixture of preservative and anticoagulant at same time

If blood not clotted, both were in the tube

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## $\underset{\text{Defense Claim}}{\text{Hanging Drop}}$



A drop of blood on the pipette tip contained ethanol & added too much blood to headspace vial

More blood = More ethanol

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# Hanging Drop

### Criminalist

Blood Alcohol QC rules this out Duplicate Sample agreement Control agreement with target value Calibration linearity

### Defense Expert

Peer reviewed literature supporting? Was "correction" applied to own casework?

# Wrong Vial Defense Claim

When sample was placed on GC, Criminalist mixed up samples

Instrument might have picked up wrong vial – you weren't there

> Either way, reported result was not defendant's

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## Wrong Vial

Only one blood tube opened at a time DR# labeled on tube & headspace vial DR# verified at each step of sample prep Samples loaded into carousel in same order as sample rack & run in sequence order Duplicate samples must agree within 5% Tests following error would all be off Blood available for independent reanalysis\*

# Contamination Defense Claim A substance other than ethanol was in sample & came out of GC at same time as ethanol The unknown peak is hidden behind the ethanol peak

37

### Contamination

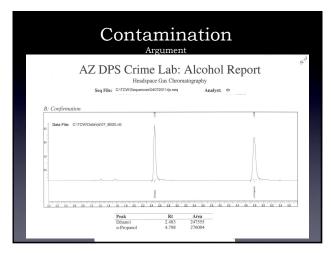
Argumen

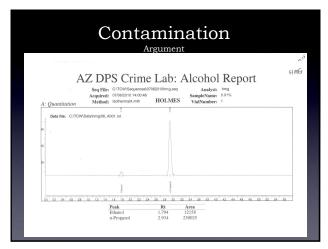
Gas Chromatography is universally recognized as separation science

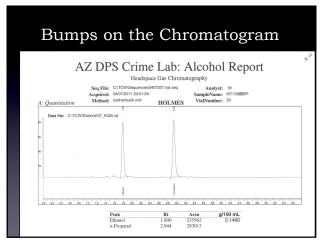
Dual column virtually eliminates co-elution

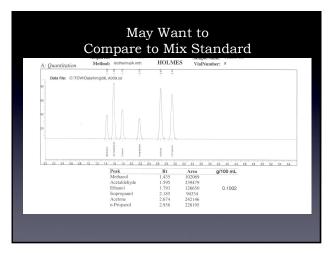
Unknown substance must be volitile compound, high enough in concentration, elute on both columns at exact times as ethanol

Method validation









### Rising Blood Alcohol

Defense Claim

Blood Alcohol Concentration was lower at the time of driving than at the time of test

Defendant drank after accident

Defendant absorbs alcohol very slowly

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### Rising Blood Alcohol

Argument

Studies have shown that under normal drinking scenarios, individuals are either equal to or higher at the time of driving

Gullberg RG, Comparing Roadside With Subsequent Breath Alcohol Analysis And Their Relevance To The Issue Of Retrograde Extrapolation. Forensic Science International, 57 (1992) 193-201

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### Rising Blood Alcohol

Argument

Discredit defendant's claim of drinking after accident with officer account & witness testimony

Criminalist can mathematically account for unabsorbed drinks

Time of driving retrogrades not relevant to the (A)(1) charge

### Rising Blood Alcohol

Argument

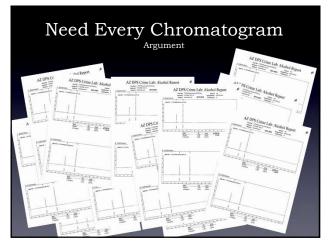
<u>Hangover</u> study by AW Jones indicated one individual with an absorption time of 230 minutes

Study flaws

More recent studies have not verified this long of an absorption time

Gullberg study of full vs empty stomach absorption found longest rate of 80 minutes

46



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# $Need\ Every\ Chromatogram$

Need every chromatogram of all the other samples run in the same batch

Need it to determine whether the instrument was performing properly

Check to see consistency of internal standard area counts

### Need Every Chromatogram

Argument

QC is run with every batch to ensure validity and accuracy of each test

Samples not meeting duplicate agreement are re-run in a later batch

Entire batches are not re-run for samples not meeting duplicate agreement

Case samples meeting agreement are not used to validate other case samples

Internal standard compensates for slight variations

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# Blood Alcohol Analysis $_{\text{Bottom Line}}$

Talk with the Criminalist Learn the science For admissibility, is it a FACT question? Argue speculation and irrelevant

50

### Questions?

Erin Boone, DPS Crime Lab Criminalist IV (602) 223-2281 eboone@azdps.gov

Beth Barnes, Phx City Pros Office AZ Traffic Safety Resource Prosecutor beth.barnes@phoenix.gov

### Hematocrit

Defense Claim

Hematocrit is the solid material in blood comprised of mostly red and white blood cells

High hematocrit level = Less water in blood

Less water = Higher alcohol concentration

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### Hematocrit

Higher alcohol concentration = More Impairment

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## Salting Out Defense Claim

Sodium fluoride preservative drives more ethanol from blood into headspace

Artificially raises reported value

### Salting Out Argument

Dilution lowers concentration of salt Study: adding more and more sodium fluoride caused alcohol level to drop

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## ${\color{red} Need \ Every \ Chromatogram \ } _{{\tiny Argument}}$

QC is run with every batch to ensure validity and accuracy of each test

Samples not meeting duplicate agreement are re-run in a later batch

Entire batches are not re-run for samples not meeting duplicate agreement

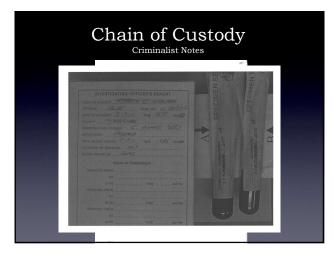
Case samples meeting agreement are not used to validate other case samples

Internal standard compensates for slight variations

# Chain of Custody Defense Claim Sample analyzed may not be defendant's Someone tampered with sample

58

# Chain of Custody Argument Officer How was sample labeled? Where was sample placed? Protocols? Criminalist Where was sample obtained? How was it labeled?



# $Chain\ of\ Custody$ $_{^{Argument}}$

Defense may stipulate to part or all of chain Challenges to chain of custody go to weight, not admissibility

Defendant must make some showing that evidence was tampered with

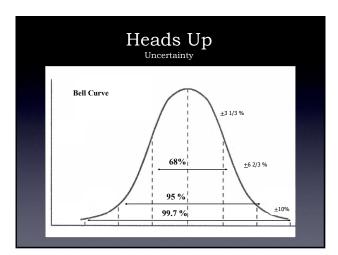
State v. Morales, 170 Ariz. 360 (App. 1991); State v. Moreno, 26 Ariz.App. 178 (1976) Melendez-Diaz v. Massachusetts, 2009 WL 1789468 FN1 (US Sup.Ct. 6/23/09).

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### $\underset{\text{Uncertainty}}{Heads} \ Up$

Measurement uncertainty is a parameter that characterizes the variability of a measured value

ISO 17025 - ASCLD-LAB Accreditation Less than 5%



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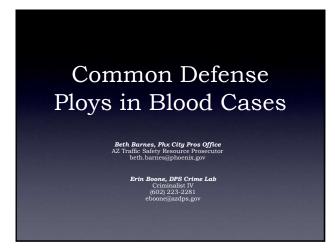
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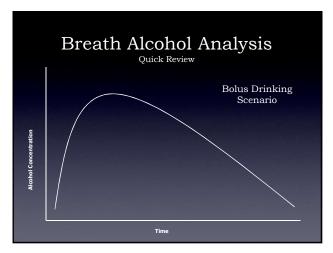
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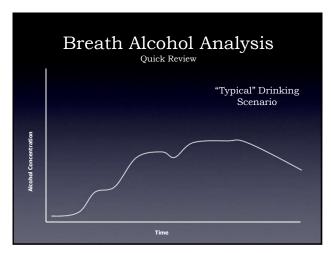
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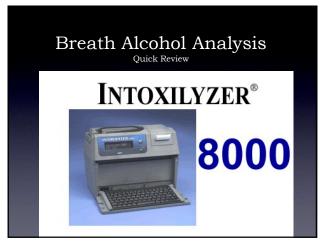


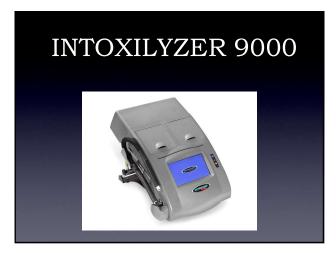
# Breath Alcohol Analysis Quick Review Absorption – Alcohol entering the body Elimination – Alcohol leaving the body

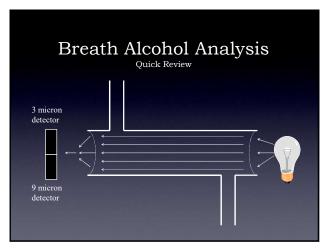


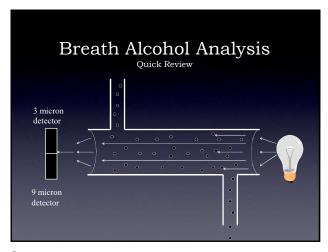


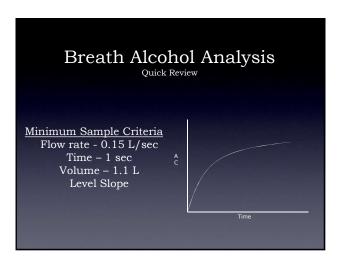
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# Breath Alcohol Analysis

A 15-min deprivation period

A 5-min wait between consecutive subject tests

A 0.020 agreement between consecutive duplicate subject tests

Air blanks that are EtOH and interferent-free Bracketing concurrent calibration checks (+/- 10%)

Bracketing diagnostic checks (Checks all internal systems of instrument)

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# Breath Alcohol Analysis $_{ ext{Quick Review}}$

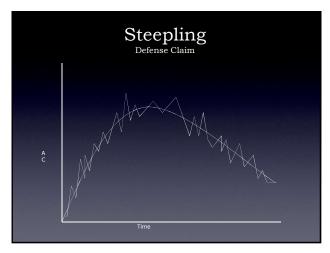
28-1323(A)(5) - Calibration checks with a standard alcohol concentration solution bracketing each person's duplicate breath test are one type of records of periodic maintenance that satisfies the requirements of this section.

INDICAL NEW SHIT Location FIRM COUNT SO SHITM NOTE: 68-50152 678-2616	14:11:54			
Standard Lottle 666601G Last Changed By: R. MCHASHEFS	KF #631	Test	Q/210L	Time
page 4, Proposed on Mills Page 10. The Control of Mills Page 10. The Control of Mills Page 11. T	Tine	Air Blank Subject Test Air Blank Five Minute Wait Air Blank Subject Test Otr Blank 0.100 Cal Check Mir Blank	0.000 Pass 0.000 0.100 0.100 0.095 0.000 0.095 0.000 0.095 0.000 0.095 0.000 0.095 0.000	14:12:46 14:13:15 14:13:42 14:14:01 14:15:00 14:15:32 14:21:56 14:21:57 14:22:55
Find finance and Table 20 August 12	14:20:27 14:21:06 14:21:38 14:21:57 14:22:26 14:22:55	Succe Com	ssfully pleted Sequenc	}

# Steepling Blood/Breath Ratio RFI Mouth Alcohol 15 Minute Deprivation Period Dry Gas Calibration Checks Breathing Patterns Duplicate Test Differences Test 29ml - Report 210L Interfering Substances 10% Off

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# Steepling Defense Claim Dubowski found that the alcohol concentration in the body is changing by large amounts over short periods of time Absorption, Distribution, and Elimination of Alcohol: Highway Safety Aspects Dubowski 1985 Can't do retrograde



### Steepling

Arguments

Criminalist or Defense Expert

Dubowski study was flawed

Single test – two digits

Peer reviewed literature since has shown no 'steeping' effect

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### Blood to Breath Ratio

Defense Claim

Defendant <u>might</u> have an abnormally low partition ratio causing an elevated BrAC

Defendant <u>may</u> have had a fever that caused an elevated BrAC

Everyone's temperature changes throughout the day

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### Blood to Breath Ratio

Arguments

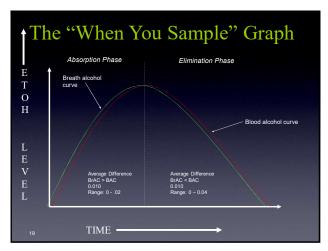
In 1973 Federal Department of Transportation established Title 49 Code Federal Regulations (49CFR382.107)

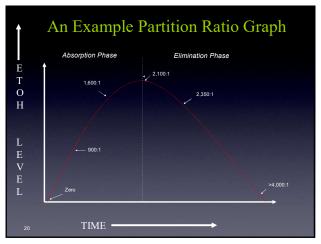
USDOT mandates instruments use 2100:1

Average partition ratio is 2350:1

Large study (21582 drinkers) found 2440:1

A.R. Gainsford, A large scale study if the relationship between blood and breath alcohol concentration in New Zealand drinking drivers, J Forensic Sci. 51; 173-178; 2006





Blood to Breath Ratio Arguments
2100:1 will underestimate a blood result 95% of the time
Defendants BrAC will typically be 10% below their blood alcohol concentration

### Blood to Breath Ratio

Arguments

Theoretically, body temperature affects the partition ratio by imparting more or less alcohol into the lungs

Study showed for every degree Celsius of fever, breath alcohol will rise 6.5%

-10% (2100:1) + 6.5%(100.4°F fever) = -3.5%

Dubowski KM, Breath-alcohol simulators: scientific basis and actual performance, Journal of Analytical Toxicology, 3, 177-182.

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### Blood to Breath Ratio

Arguments

Recent study demonstrated that within normal range of body temperatures (96.8°F to 99.68°F) breath alcohol concentrations not effected

Cowan, The Relationship of Normal Body Temperature, End Expired Breath Temperature, and BAC/BrAC Ratio in Physically Fit Human Test Subjects. Journal of Analytical Toxicology, Vol. 34, June 2010

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### Blood to Breath Ratio

Let's do the math

Blood = 0.168g/100ml

Breath = 0.153g/210L

What is the partition ratio?

Convert to same units:

Blood = 1.68g/L Breath = 0.00073g/L

1.68/0.00073 = 2301 partition ratio

### Blood to Breath Ratio

Let's do the math

Partition Ratio = 1350

Breath = 0.153g/210L

What would have been my blood alcohol?

.153/210 = 0.000728g/L

BAC/0.000728 = 1350

BAC = 0.983g/L = 0.0983g/100ml

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### Blood to Breath Ratio

Arguments

Irrelevant unless evidence is presented that defendant actually had elevated temperature (motion *in limine*)

Defense always presents extremes – very unlikely Defendant was at that level.

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### Blood to Breath Ratio

Arguments

Never relevant to 28-1381(A)(2) or 28-1382(A) charges.

Only relevant to 28-1381(A)(1) charge in very limited circumstances:

only if presumptions are requested <u>and</u> if accompanied by evidence defendant's particular partition ratio <u>at the time of</u> the breath test differed significantly

from norm.

Guthrie v. Jones, 202 Ariz. 273, 43 P.3d 601 (App. 2002).

### Blood to Breath Ratio

Arguments

Consider a Motion In Limine to Preclude

If the Evidence is Allowed:

Most defense experts will admit 2100 to 1 partition ratio is to defendant's benefit Should admit recognized average is 2350 to 1

The expert does not know defendant's ratio – (speculation)

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### RFI

Defense Claim

RFI <u>might</u> have caused the Intoxilyzer to read high

Mark Stoltman did a "study" while at Phoenix PD that showed RFI can raise a breath test result

0.020 and .015 on alcohol free test

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### RFI Argument

Never validated

Never submitted for publication

RFI detector turned down or off

Searched for the "Sweet Spot"

New software

### Mouth Alcohol

Defense Claim

Defendant burped before/while blowing into instrument

Defendant had gum, chewing tobacco, dentures in mouth that caused a high reading

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### Mouth Alcohol

Argument

Burp is just air – stomach contents containing alcohol would need to be brought up into the mouth to have any effect (when was last drink?)

Three Safeguards
15 minute deprivation period
Duplicate test (0.020 agreement)
Mouth alcohol detection

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### 15 Minute Deprivation Period

Defense Claim

The deprivation period might have only been 14 minutes and 32 seconds

Officer left the room in the middle of the deprivation period

Does not meet statutory method for admitting breath test result

### 15 Minute Deprivation Period

Unlikely mouth alcohol effected test Still have two valid safeguards in place

But... most important safeguard against mouth alcohol not valid

Criminalist will be of little help

Officer is your only hope

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### Dry Gas Calibration Check

Defense Claim

The Dry Gas standard used to perform a calibration check does not contain water

Defendant's breath sample contained water vapor

Can't use calibration checks to show instrument was working properly

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### Dry Gas Calibration Check

Argument

Intoxilyzer 8000 is calibrated with wet bath calibration standards that contain water vapor

Water vapor accounted for in calibration procedure

Dry Gas standard is used during calibration procedure

### Breathing Patterns

Defense Claim

Defendant hyperventilated before blowing into instrument

Defendant hypoventilated before blowing into instrument

Holding breath caused higher breath test

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# $\underset{\text{Argument}}{\textbf{Breathing Patterns}}$

Irrelevant unless there is evidence defendant held breath (motion in limine)

Have officer testify defendant did not hold breath prior to test

In study, subjects held breath for 30 seconds = 15% increase

Hyperventilation dropped by 10%

Trained officer would notice this

38

### Difference Between Duplicates

Defense Claim

1<sup>st</sup> Breath Test = 0.158 g/210L  $2^{\text{nd}}$  Breath Test = 0.177 g/210L

Mouth alcohol might have been present in both samples

Defendant's alcohol concentration was rising

# Difference Between Duplicates Argument Difference is still within accepted 0.020 agreement Difference most likely caused by the quality of the sample given Two measurements are not enough to determine if subject is still absorbing alcohol or eliminating alcohol 40 Measure 29ml – Report 210L Defense Claim The Intoxilyzer 8000 sample chamber only holds 29ml of breath When the value is converted to g/210L, any error in the measurement is exponentially increased 41 Measure 29ml - Report 210L Argument The Intoxilyzer is calibrated in g/210L There is not a conversion of numbers Calibrated in g/210L – Reported in g/210L

# Interfering Substances Defense Claim

Defendant is diabetic - acetone caused high reading

Body breaks down ethanol into acetaldehyde which caused high reading

Defendant is a painter, bartender, etc.

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### **Interfering Substances**

Argument

Intoxilyzer 8000 measures alcohol in the 9 micron range

Compares 3 micron and 9 micron range to notify officer of any interfering substances

Body is able to eliminate fumes inhaled before concentration builds in body

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### 10% Off

Defense Claim

Arizona Rules require a calibration check to be within ±10% of the known value

Subject test could be as much as 10% high (10% margin of error)

(Unfortunately, many officers have fallen into this same trap)

### 10% Off

Does not entitle defendant to a judgment of acquittal of ARS §§ 28-1381(A)(2) or 28-1382 charges Question of fact which should be submitted to jury

State ex rel. McDougall v. Superior Court (Gurule, RPI), 178 Ariz. 544, 875 P.2d 203 (App. 1994).

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### $10\% \; Off_{\text{Argument}}$

Get defense expert to admit best indicators of how accurately instrument is working at time of any given test are the before and after reference checks

Look at data for your test – it is very unlikely test is off by 10%

Generally instruments are either right on or reading a little low

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### 10% Off

Demonstrate defense is partaking in mere speculation. There is no evidence instrument is reading high

To be certified by DPS, must be capable of measuring alcohol to within ± 5%

CMI, Inc. states 3%

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### Testimony

Bottom Line

Talk with the Forensic Scientist

Learn the science

Figure out how to ask the question for the answer you're trying to get out

For admissibility, is it a FACT question?

Argue speculation and irrelevant

50

### Questions?

Erin Boone, DPS Crime Lab Forensic Scientist (602) 223-2281 eboone@azdps.gov

Beth Barnes, Phx City Pros Office AZ Traffic Safety Resource Prosecutor (602) 262-6461 beth.barnes@phoenix.gov